



COVID-19 Billing Quick Guide

September 3, 2020

Table of Contents

Background	2
UPDATE- CR MODIFIER:	2
UPDATE- Specimen Collection & Handling:	2
SPECIAL BULLETIN COVID-19 #119: NC Medicaid Extends Temporary Clinical Coverage Policy Provisions and Temporary Rate Enhancements	3
SPECIAL BULLETIN COVID-19 #122: NC Medicaid Will Reimburse Providers for COVID-19 Testing for Uninsured North Carolinians; Applications Available	3
UPDATE: COVID-19 Billing Highlights Q&A	4
COVID-19 Knowledge Center	4
Provider Relief Fund	4
HRSA COVID-19 Uninsured Program Portal	5
Visit Guidance	5
Other Important Billing Information	7
References	10

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.



COVID-19 Billing Quick Guide 09/03/2020

Background

NC Medicaid is implementing a phased approach in responding to the COVID-19 outbreak in North Carolina. The priority is to maintain access to care for all beneficiaries while prioritizing safety for providers and patients by reducing unnecessary exposure through social distancing efforts. Please refer to <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid> for details and up-to-date information on COVID-19.

Please remember that all guidance related to COVID-19 is temporary and will be discontinued whenever the COVID-19 pandemic is determined to be over.

UPDATE- CR MODIFIER:

8/26/2020 Thank you for all your questions, which have led us to seek additional clarification on this issue.

Further discussion and clarification as of 8/26/2020:

- CR modifier is to be used with telemedicine or VPC that was COVID-19 related.
 - *COVID-19 related telemedicine and VPC* is interpreted as providing services by Telemedicine & VPC due to COVID-19 and the state of emergency. For example, seeing a patient by Telemedicine/VPC rather than having the patient come into the clinic. (e.g., patient who needs follow up for chronic illness by telemedicine and they should not come to the office).

The CR modifier is not exclusively for those patients being seen virtually because they are sick or suspected with COVID-19.

Please carefully review the Medicaid Telehealth Billing Code Summary Document <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf>

If you have denials, please reach out to your Administrative and Nurse Consultant for assistance.

UPDATE- Specimen Collection & Handling:

Medicaid:

- The HCPCS code for specimen collection and handling, **G2023** has been approved for Local Health Departments to bill Medicaid. **This applies to COVID-19 only specimens.** The Medicaid reimbursement for this service is \$23.46.

Medicaid COVID-19 testing program (MCV):

- The HCPCS code for specimen collection and handling, **G2023**. (see more information below)

HRSA portal for Uninsured:

- You are also required to use **G2023** for specimen collection and handling when billing through the HRSA portal for uninsured clients.

Medicare:

- There is a special temporary allowance for non-Medicare credentialed agencies to be able to bill Medicare for COVID-19 services. Please see <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>
- If you are collecting specimens on-site at a Skilled Nursing Facility, you will use **G2024** to bill Medicare.

*You may wish to check with any third-party payers that you bill to identify which code they are accepting (**99000 or G2023**)

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

NEW:

SPECIAL BULLETIN COVID-19 #119: NC Medicaid Extends Temporary Clinical Coverage Policy Provisions and Temporary Rate Enhancements
WEDNESDAY, AUGUST 5, 2020

Recently, the federal Declaration of Emergency scheduled to end July 25, 2020, was extended through Oct. 25, 2020. In response to this new date, NC Medicaid has extended its COVID-19 related temporary Clinical Coverage Policy provisions to Dec. 31, 2020. COVID-19 related rate enhancements are extended through Sept. 30, 2020.

NEW:

SPECIAL BULLETIN COVID-19 #122: NC Medicaid Will Reimburse Providers for COVID-19 Testing for Uninsured North Carolinians; Applications Available
MONDAY, AUGUST 17, 2020

Effective Sept. 1, 2020, NC Medicaid will begin reimbursing COVID-19 testing costs for uninsured individuals enrolled in the NC Medicaid Optional COVID-19 Testing (MCV) program. This option was made available to all states through Section 6004(a)(3) of the Families First Coronavirus Response Act (FFCRA). COVID-19 testing site providers and other Medicaid-enrolled providers, who perform testing or collection of specimens, are encouraged to download paper applications to be completed by the patient, collected and mailed to NC Medicaid at the address on the form. There is an on-line application form that patients may choose to complete instead of the paper application.

MCV Program Eligibility

Individuals must be uninsured, a resident of North Carolina, and meet the citizenship and legal immigration status requirements of the Medicaid program. NC Medicaid will accept self-attestation of eligibility factors, except for citizenship and immigration status, to determine eligibility for the group. Individuals must meet eligibility qualifications at the time the test was obtained.

NOTE: Uninsured individuals currently enrolled in NC Medicaid's limited "Family Planning Only" benefit and who have no other health insurance coverage will automatically be enrolled in the MCV program and will not need to complete an application.

Approval of an individual's eligibility for the MCV program is required prior to payment for testing services. Testing site providers must be enrolled in Medicaid to receive payment

Please click on the Special Bulletin link above for additional information.

NEW: Dental & Home Health providers only

SPECIAL BULLETIN COVID-19 #124: Reprocessing Claims to Apply Retroactive 5% Rate Increase for Medicaid Providers Covered in SL 2020-4
WEDNESDAY, AUGUST 19, 2020

The North Carolina Department of Health and Human Services Division of Health Benefits (DHB) is continuing to implement previously-announced temporary 5% provider rate increases to select Medicaid providers (see COVID-19 Special Bulletin #99) to maintain access to care for Medicaid beneficiaries. Please click on the Special Bulletin link above for additional information.

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

UPDATE: COVID-19 Billing Highlights Q&A

The Administrative & Financial Consultants presented a brief webinar for local health department staff on June 30th. The webinar has been posted on the DPH/LHD website under the COVID-19 tab. Please see Q&A below.

Question 1	You mentioned a CS Modifier--we do not have the ability to apply the CS Modifier to the claim--Medicare automatically directs the claim on to Medicaid--unless we resend the claim back to Medicaid after they process it??
Answer 1	Modifier CS- has been added by Medicaid as a crossover modifier for Medicare claims only. This means if you have dually eligible clients with Medicare & Medicaid you will use the CS modifier on the Medicare claim and Medicaid will convert to the CR modifier upon crossover of the claim.
Question 2	The CR modifier, please clarify--I thought it was for use with the telephone visits are you stating that every visit since March 10th should have a CR modifier?
Answer 2	Please see the update above regarding this subject.
Question 3	We have seen different information on if Medicaid/FP Medicaid will pay for annual exams via telehealth. Can you get clarification on that?
Answer 3	<p>Please refer to NC Medicaid Special Bulletin 54. <i>"NC Medicaid has temporarily modified its Family Planning Clinical Coverage Policy, 1E-7 to better enable the delivery of remote care to Medicaid beneficiaries. An Annual Exam visit is not required prior to billing for Family Planning services. Claim editing to ensure that annual exams are completed prior to Family Planning visits, as well as HIV Screening and STI Screening and Treatment, have temporarily been suspended. These temporary changes are effective beginning March 10, 2020 and will end upon cancellation of the North Carolina state of emergency declaration or when the policy modification is rescinded. When the temporary modifications end, all face-to-face service requirements will resume."</i></p> <p>Please refer to NC Medicaid Special Bulletin 86. <i>"Note, at this time Medicaid has not authorized adult annual exams through telemedicine or virtual patient communications."</i></p>

COVID-19 Knowledge Center

Medicaid and NC Health Choice providers now have a single source to find answers to questions about COVID-19. The online resource is a collection of Medicaid and behavioral health COVID-19 information, including answers to questions received in the COVID-19 mailbox, during webinars, from COVID-19 Special Medicaid Bulletins and other sources.

[SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information](#)

Provider Relief Fund

Congress created a \$175 billion Provider Relief Fund to support providers as they deal with COVID-19. Recently, the federal Department of Health and Human Services (HHS) began distribution of the first \$50 billion of this fund—through the so-called "General Distribution" mechanism—for providers who billed Medicare in 2019. To help providers understand how to access funding, NC Medicaid has developed the Federal Provider Relief Fund: Guidance on How to Access "General Distribution" Funds. <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

[SPECIAL BULLETIN COVID-19 #91: Federal Provider Relief Fund: Guidance on How to Access "General Distribution" Funds](#)

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

HRSA COVID-19 Uninsured Program Portal

How It Works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals on or after February 4, 2020, can electronically request claims reimbursement through the program and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims electronically, and receiving payment via direct deposit.

Reimbursement will be made for: qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis, including:

- o Specimen collection (G2023), diagnostic and antibody testing.
- o Testing-related visits, including in the following settings: office, urgent care or emergency room, or via telehealth.
- o Treatment: office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- o When an FDA-approved vaccine becomes available, it will also be covered
- o <https://coviduninsuredclaim.linkhealth.com/coverage-details.html>

Visit Guidance

Clinic Visit for COVID-19 Specimen Collection:

Visit - CPT codes, 99201-99205, or 99212-99215 for the visit with a provider (MD or Advanced-Practice Provider)

- o Nurses may continue to appropriately bill 99211 for nursing services provided within the clinic setting or “parking lot/tent” as long as they meet the criteria for a 99211 as stated by CPT billing guidance. Nurses continue to be ineligible to bill for any telemedicine/VPC services at this time.

Swab/sample – see specimen collection guidance above on page 1

ICD-10 Diagnosis Codes & CPT Codes

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS) and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

Coding ICD-10-CM CDC Official Reporting Guidelines

April 1, 2020 through September 30, 2020

<https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

Program assignment

Assign to the program that is providing the care.

- If patient is seen in a “stand up” LHD clinic specific for COVID-19 symptoms or rule/out, then code as Other Services (OS).
- Otherwise, if a patient is seen for COVID-19 symptoms or rule/out, code according to the clinic where patient first presented [examples: Adult Health (AH), Child Health (CH), Primary Care (PC)].
- Disease investigation/surveillance is documented in NCEDSS (and is not considered care).

Telehealth/VPC Services

Effective Friday, March 1, 2020, NC Medicaid is offering reimbursement for virtual patient communication and telephonic evaluation. Specific established beneficiaries, rendering providers, and CPT codes with details are listed in Medicaid Bulletin #34. [**SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes**](#)

For complete guidance for Telehealth/VPC Visit Codes, Laboratory Testing codes, Pharmacy codes, and Durable Medical Equipment, please see the **NC Medicaid Billing Changes in Response to COVID-19** Summary Coding Sheet published by Community Care of NC, NC DHHS, and NC AHEC here:

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

Telemedicine & Telepsychiatry

“Medicaid made changes to policies to encourage telemedicine effective Monday, March 23, 2020 with temporary modifications to its Telemedicine and Telepsychiatry Clinical Coverage Policies to better enable the delivery of remote care to Medicaid beneficiaries. These temporary changes will be retroactive to March 1, 2020 and will end upon the cancellation of the North Carolina state of emergency declaration or when this policy is rescinded. In particular, this Medicaid Bulletin reinforces notable changes including payment parity for telehealth, expanding eligible telehealth technologies, expanding eligible provider types, expanding the list of eligible originating and distant sites, and eliminating the need for prior authorization and referrals (other than what is necessary to meet the standard of care as detailed below” [**SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes**](#)

New Definitions for Telehealth Terminology

- **Telehealth** is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. There are three types of telehealth:
 - **Telemedicine** is the use of two-way real-time, interactive **audio and video** to provide and support **health care** when participants are in different physical locations.
 - **Telepsychiatry** is the use of two-way real-time, interactive **audio and video** to provide and support **psychiatric/behavioral health care** when participants are in different physical locations.
 - **Teletherapy** is the use of two-way real-time, interactive audio and video to provide and support **specialized outpatient therapy care** when participants are in different locations.
- **Virtual Patient Communication** is the use of **technologies other than video** to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation).
 - Nurses continue to be ineligible to bill for any telemedicine/VPC services at this time.

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

Modifiers

Provider(s) shall follow applicable modifier guidelines:

Modifier GT must be appended to the CPT or HCPCS code to indicate that a service has been provided via interactive audio-visual communication. **This modifier is not appropriate for services performed telephonically or through email or patient portal.**

Modifier CR (catastrophe/disaster-related) CR modifier is to be used with telemedicine or VPC that was COVID-19 related.

- o COVID-19 related telemedicine and VPC is interpreted as providing services by Telemedicine & VPC due to COVID-19 and the state of emergency. For example, seeing a patient by Telemedicine/VPC rather than having the patient come into the clinic. (e.g. patient who needs follow up for chronic illness by telemedicine and they should not come to the office).

The CR modifier is not exclusively for those patients being seen virtually because they are sick or suspected with COVID-19.

There are times when you would need to use both the GT and the CR modifiers. If you provide a telemedicine service using interactive audio-visual communication, then you would need both the GT and the CR.

Please refer to Update item regarding use of CR modifier at the top of this document.

Modifier CS- has been added by Medicaid as a ***crossover modifier for Medicare claims only***. This means if you have dually eligible clients with Medicare & Medicaid you would use the CS modifier on the Medicare claim and Medicaid will convert to the CR modifier upon crossover of the claim.

Program Modifiers- Please refer to **NC Medicaid Telehealth Billing Code Summary** <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf>

Other Important Billing Information

Diabetes Self-Management Education

Special Bulletin #34 provides details on billing for Diabetes Self-Management Education via Telehealth using HCPCS Code G0108. See Bulletin for details. [SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes](#)

Dental Clinics run by local health departments are not approved to bill Medicaid for PPE using D1999. Medicaid has already provided a temporary 5% increase in reimbursement and feel this should accommodate for the increased cost to provide services. Information on obtaining PPE from the state may be found at <https://covid19.ncdhhs.gov/information/health-care/requesting-ppe>

Tobacco Cessation & Counseling

Special Bulletin #90 provides information on billing for Tobacco Cessation & Counseling via telemedicine. For details see [SPECIAL BULLETIN COVID-19 #90: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Smoking and Tobacco Cessation Counseling](#)

[SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit](#)

Please note: The codes for Hybrid Telemedicine with Supporting Home visit have now been implemented by NC Tracks for local health department use. The code series is 99347-99350. Please refer to Special Bulletin #78 for details.

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

Denials and claims assistance

NC Medicaid continues to work on fixing system issues that are driving denials. The Department will communicate via a bulletin once these issues are resolved. The Department will continue to evaluate and rectify billing issues associated with Telehealth/VPC COVID-19 response.

For questions and issues around billing and coding, contact Medicaid.Covid19@dhhs.nc.gov

You may also reach out to your Administrative & Financial Consultant and Nurse Consultant

Billing/Reporting for data collection (LHD-HSA):

Please remember that during this time, you are still to continue reporting ALL services so that the HSA system can collect the required data. Use the CR (and GT if appropriate) on all Telehealth/VPC services whether billing or reporting. This will be the primary data point that will be used to collect the information needed to identify COVID-19 related services. Thanks for your assistance in this matter.

Establishing fees, billing and coding for Local Health Departments - All payer sources

NC Department of Health and Human Services (DHHS) seeks to provide the best and most accessible care to all North Carolinians, regardless of insurance coverage or ability to pay. This is particularly critical in the response to COVID-19.

Governor Cooper's Executive Order NO. 116 includes "*WHEREAS, health insurance companies have begun to waive the costs for COVID-19 testing and are encouraged to continue to ensure ease of access to health care for diagnostics and treatment without regard to the issue of cost or a patient's ability to pay;*" Recently-passed legislation also eliminates Medicare beneficiary cost sharing for COVID-19 testing-related services, including the associated physician visit or other outpatient visit... or E-visit."

Third party payers, including NC Medicaid, are working closely with DHHS for telehealth/VPC payment strategies to minimize the spread of COVID-19 by limiting in-person visits whenever possible and to allow providers to bill for telehealth/VPC services. DPH considers telehealth/VPC a useful tool to assist your team in COVID-19 response activities and/or to move important non-COVID-19 services to telehealth/VPC as quickly as possible.

NC DHHS Division of Public Health (DPH) recommends the following general billing/coding guidance for public health programs that include state and federal regulations:

For purposes of this document, COVID-19 related telehealth/VPC services means

- CR modifier is to be used with a telemedicine or VPC that was COVID-19 related.
 - o COVID-19 related telemedicine and VPC is interpreted as, providing services by Telemedicine & VPC due to COVID-19 and the state of emergency. For example, seeing a patient by Telemedicine/VPC rather than having the patient come into the clinic. (e.g. patient who needs follow up for chronic illness by telemedicine and they should not come to the office).

The CR modifier is not exclusively for those patients being seen virtually because they are sick or suspected with COVID-19.

Establishing a local fee for new telehealth/VPC codes, if needed

LHDs should follow their local fee policy and process, including any flexibility within your policy, emergency response plans, and local governance structure, and add telehealth fees to your local fee schedule. Consider any flexibility you may have locally for retroactive governing board approval.

Self-pay patients

DPH recommends LHDs waive all charges/co-pays for uninsured/underinsured, self-pay patients seeking COVID-19 testing and treatment. This would avoid any barrier to care and the need to obtain financial information or apply a sliding-fee scale (SFS) to charges for these services. This is in response to Governor Cooper's Executive Order NO. 116.

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

Fees/charges for billing COVID-19 testing & treatment

- LHDs should bill third party insurance plans with the client's permission.
- DPH recommends waiver of any copayments and remaining balances after insurance billing is completed, but local agencies should review specific health plan guidance. Most, if not all, third-party payers are waiving any cost sharing by the client (copays, deductibles, coinsurance). Please refer to third-party payer guidelines for more detailed information
- LHDs should bill Medicaid
- LHDs should bill through the HRSA portal for uninsured clients (if applicable)
- LHDs should bill Medicaid MCV (if applicable)
- Medicaid Telehealth guidance waives patient copayments for COVID-19 testing & treatment services beginning March 1, 2020 until such time as the pandemic is declared over and all related billing is complete.

Please check with your EHR vendor about adding COVID-19 codes and how to manage Telehealth/VPC services within your EHR.

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

References

NC Medicaid/DHB:

<https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

NC Medicaid Telehealth Billing Code Summary <https://files.nc.gov/ncdma/covid-19/NCMedicaid-Telehealth-Billing-Code-Summary.pdf> (UPDATED 4/28/2020)

NC Medicaid and Health Choice Telemedicine and Telepsychiatry Clinical Coverage Policy:

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/telemedicine-and-telepsychiatry-clinicalcoveragepolicies>

NC Medicaid Billing Changes CCNC/NCDHHS/AHEC Webpage:

<https://www.communitycarenc.org/newsroom/coronavirus-covid-19-information>

NC DPH Women's Health Branch:

[Family Planning and Maternal Health COVID19 FAQs 042820.pdf](#)

Medicaid COVID-19 Related Special Bulletins Published:

SPECIAL BULLETIN COVID-19 #22: CAP/C and CAP/DA Home and Community-Based Services (HCBS)

Flexibilities for Waiver Beneficiaries Enrolled in 1915(c) and HCBS Waivers

SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes

SPECIAL BULLETIN COVID-19 #36: Telehealth Clinical Policy Modifications – Outpatient Specialized Therapies and Dental Services

SPECIAL BULLETIN COVID-19 #42: Telehealth Clinical Policy Modifications – Postpartum Care

SPECIAL BULLETIN COVID-19 #43: Telehealth Clinical Policy Modifications – Self-Measured Blood Pressure Monitoring

SPECIAL BULLETIN COVID-19 #46: Behavioral Health Service Flexibilities

SPECIAL BULLETIN COVID-19 #48: Telehealth Clinical Policy Modifications - Remote Physiologic Monitoring Services

SPECIAL BULLETIN COVID-19 #49: Telehealth Clinical Policy Modifications - Interim Perinatal Care Guidance

SPECIAL BULLETIN COVID-19 #52: Coverage for Weight Scales and Portable Pulse Oximeters - Temporary Flexibilities

SPECIAL BULLETIN COVID-19 #53: Coronavirus Code Added as Billable Diagnosis and Annual Office Visit Limit Exemption

SPECIAL BULLETIN COVID-19 #54: Clinical Policy Modifications - Family Planning Services Annual Exam Requirement Waived

SPECIAL BULLETIN COVID-19 #55: NC Medicaid Receives Approval for Expanded Flexibilities for Home and Community-Based Services

SPECIAL BULLETIN COVID-19 #62: Clinical Policy Modifications - *Suspending Copays on COVID-19- related Services*

SPECIAL BULLETIN COVID-19 #64: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Health and Behavior Intervention Visits Provided by Local Health Departments*

SPECIAL BULLETIN COVID-19 #65: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Postpartum Depression Screening*

SPECIAL BULLETIN COVID-19 #66: Telehealth and Virtual Patient Communications Clinical Policy Modifications - *Well Child Visits*

SPECIAL BULLETIN COVID-19 #69: Clarification to Bulletin #15 Medicaid and NC Health Choice Temporary Flexibilities - 1135 Waiver Provisions and Replace Effective Dates Stated in Bulletins #2, #10 & #11

SPECIAL BULLETIN COVID-19 #70: Addition of Mailing and Delivery Fees to Retail Pharmacy Claims

Please note that this is a live document and is ever-changing. Unless we have noted that something is no longer relevant, it still stands as stated in previous versions of this Quick Guide.

[SPECIAL BULLETIN COVID-19 #78: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Hybrid Telemedicine with Supporting Home Visit](#)

[SPECIAL BULLETIN COVID-19 #80: NC Medicaid Temporarily Increasing Flexibility and Reimbursement Rates for Primary and Specialty Care Providers](#)

[SPECIAL BULLETIN COVID-19 #84: Telehealth and Virtual Patient Communications Clinical Policy Modifications – Maternal Support Services Provided by Local Health Departments](#)

[SPECIAL BULLETIN COVID-19 #86: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Family Planning Services for MAFDN Beneficiaries](#)

[SPECIAL BULLETIN COVID-19 #87: Additional Dental Clinical Coverage Policy Provisions](#)

[SPECIAL BULLETIN COVID-19 #90: Telehealth and Virtual Patient Communications Clinical Policy Modifications - Smoking and Tobacco Cessation Counseling](#)

[SPECIAL BULLETIN COVID-19 #91: Federal Provider Relief Fund: Guidance on How to Access "General Distribution" Funds](#)

[SPECIAL BULLETIN COVID-19 #98: COVID-19 Knowledge Center Now Available: A Convenient Way for Providers to Find Information](#)

[SPECIAL BULLETIN COVID-19 #99: North Carolina General Assembly Mandates Temporary 5% Rate Increase for Certain Medicaid Providers](#)

[SPECIAL BULLETIN COVID-19 #107: Continuation of COVID-19 Enhanced Rates](#)

[SPECIAL BULLETIN COVID-19 #119: NC Medicaid Extends Temporary Clinical Coverage Policy Provisions and Temporary Rate Enhancements](#)

[SPECIAL BULLETIN COVID-19 #123: Temporary rate increase for Local Health Department Dental Services](#)

[SPECIAL BULLETIN COVID-19 #124: Reprocessing Claims to Apply Retroactive 5% Rate Increase for Medicaid Providers Covered in SL 2020-4](#)